

Sno-Valley Senior Center Volunteer Application



Thank you for your interest in becoming a volunteer for the Sno-Valley Senior Center.

Today's Date _____ Date of Birth _____ Over 55?

NAME _____
Last First Middle

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL or WORK PHONE _____

EMAIL (if you use on a regular basis) _____

BEST TIME/DAY TO CONTACT YOU _____

How did you hear about opportunities at the Senior Center? _____

Are you applying for a particular position at the Senior Center? _____

Do you have any physical or medical limitations?

Emergency Contact Information

Emergency Contact _____ Relationship & Telephone Number _____

Past Volunteer Information

Have you volunteered in the past? Yes No If yes, please describe your past volunteering below.

1. _____
2. _____
3. _____

Availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

How often would you like to volunteer? Once or more per week Once a month Special events only

What type of volunteer positions most interest you?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Auction/Fundraising | <input type="checkbox"/> Homebound Outreach | <input type="checkbox"/> Baking | <input type="checkbox"/> Computer Instruction |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Kitchen Helpers | <input type="checkbox"/> General Office Work | <input type="checkbox"/> Handy Folks |
| <input type="checkbox"/> Steak Dinners | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Gardening | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Receptionists | <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Training/Facilitating |

Specific skills, qualifications or experience you'd like us to know about:

If you are to drive to and from volunteer activities, OR if you are to drive as a volunteer for events or programs associated with the Center, please complete the information below. If NO, please check box .

VOLUNTEER INSURANCE STATEMENT: I will keep in effect a valid WA Drivers License and auto insurance equal to or greater than the minimum required by the State of Washington or by the state where my auto is insured.

WA Driver License Number: _____ Expires: _____

By signing below, I authorize the Sno-Valley Senior Center /Senior Services to view my driving record.

Signature of driver: _____

Volunteer Signature - REQUIRED to perform background check. **Date**

The Sno-Valley Senior Center performs a background check on all volunteers through the Washington State Patrol.

Date Called: _____ Date Interviewed: _____ Starting Date: _____

Date added to WSP cleared? Yes No Date cleared: _____ Volunteer database: _____

For Statistical Purposes Only – Not Required. This information will assist us in reporting to our funders. Thank you.

Ethnicity			Gender	
African American <input type="checkbox"/>	American Indian <input type="checkbox"/>	Other _____	Male <input type="checkbox"/>	
Asian American <input type="checkbox"/>	Caucasian <input type="checkbox"/>		Female <input type="checkbox"/>	
Hispanic American <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>			